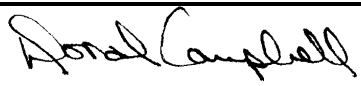
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.52	Page 1 of 7
	Effective Date: September 15, 2000	
	Distribution: A	
	Supersedes: 113.52 (8/15/97) PCN 99-127 (1/15/00) PCN 99-115 (11/1/99)	
Approved by: 		
Subject: CONFIDENTIALITY/RELEASE OF HEALTH INFORMATION		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 10-7-504, TCA 63-11-213, TCA 68-11-304, TCA 68-10-113, 42 USC 290dd-3.
- II. PURPOSE: To ensure the confidentiality of medical and psychological care provided to inmates.
- III. APPLICATION: Health Records Archive Center personnel, Wardens, Health Administrators, health care staff, institutional staff, central office staff, inmates, and privately managed institutions.
- IV. DEFINITIONS: None.
- V. POLICY: Inmates shall be afforded the right to confidentiality with regard to physical health care, mental health care, health records, and release of health information.
- VI. PROCEDURES:
  - A. General:
    1. The active health record is to be maintained separately from other volumes of the Inmate Institutional Record (IIR). The health record is Volume 3 of the IIR.
    2. The health administrator or designee is the custodian of the health record.
    3. No TDOC or contract employee shall discuss confidential health information overheard during their duties with other staff or inmates.
    4. No information derived solely from the health record, TOMIS health services conversations, or from the provision of care shall be used to initiate or support disciplinary action.
  - B. Access to Health/Psychological Information:
    1. Access to health records, substance abuse treatment records, and the programmatic mental health record shall be controlled by the health authority in order to protect the confidentiality of the information contained therein. The Health Services Unit Manual shall include a list of the position titles of personnel authorized to have access to the health record.

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2. Access to the health record and the programmatic mental health record, including all substance abuse records, (See Policy #113.95) shall be limited to medical and mental health services personnel.
3. Specific health information from the health record may be shared, on an individual basis, with those administrative staff responsible for supervising the delivery of care, including the warden and other institutional personnel when there is a legitimate need to have access to this information.

C. Confidentiality of Health Information:

1. Documentation received from outside health care agencies is the property of that agency and shall not be released to any outside agencies by TDOC staff or contract providers under any circumstances. The requesting agency must obtain such documentation from the original source.
2. No health information shall be publicly released other than as stated in TDOC Policies #103.04 and #512.01.
3. The use of inmate health records for research purposes may be granted only under the provisions of Policy #114.02. Privately managed facilities shall submit all research proposals to the Director of Planning and Research in the TDOC central office. Precautions shall be taken to disguise the identities of the subjects and/or the researcher must agree not to disclose the identity of inmate subjects and not to release any material that would have an intentional, direct, adverse effect on any inmate involved in the research project.
4. Refer to Policy #113.95 for the confidentiality and release of substance abuse treatment information.

D. Release of Health Information with Authorization:

1. Information contained in a current or former TDOC inmate's health record may be released to a qualified professional or agency representing the inmate upon the receipt of written authorization by the inmate. If the inmate is a minor, written authorization must be obtained from the next of kin or legal guardian. If the inmate has a conservator, the written authorization must be obtained from the conservator. Authorization for deceased inmates shall be obtained from the deceased's legal representative.
2. An Authorization to Release Health Information, CR-1885, shall be completed prior to the release of health information and a copy placed in the inmate's health record.

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3. Psychiatric/psychological information may be released only to a physician, other mental health professionals, another health care or state/federal agency, (including vocational rehabilitation and social security), or an attorney representing the inmate.
  4. When forwarding written psychiatric/psychological information to the above mentioned professionals/agencies, a cover letter shall be attached indicating that the information being provided should not be directly provided to any other individual, including the inmate.
  5. Information regarding the inmate's HIV/AIDS status shall not be released unless it is specifically authorized for release by the inmate on form CR-1885.
- E. Release of Health Information without Authorization: Health information may be released without a written authorization in the following circumstances:
1. All medical and psychiatric/psychological records shall be released after receipt of a court order. Advisory: Any doubts of validity or scope of the court order should be resolved by contacting the TDOC legal staff.
  2. A health summary report listing the inmate's major health problems and/or a copy of the inmate's CR-1895 "Health Status Transfer Summary" may be provided to individuals, other correctional agencies, and/or to committees needing health information when considering an inmate transfer, classification, or release, or to facilitate appropriate treatment by another agency that will be responsible for the treatment of the inmate.
  3. The pertinent contents or a summary of the health record shall be made available upon request of the Board of Probation and Parole.
    - a. Institutional parole officers shall contact the institutional health administrator for necessary health care summary information .
    - b. In the health summary and/or CR-1895, the health service staff shall include any physical or mental health issues that are relevant to the supervision of the inmate while the inmate is on parole (e.g., medication regimens, behavioral problems, physical impairments, and infirmities). Emphasis should be placed on a "need to know" basis.
  4. Information shall be released to the Office of the Attorney General or attorneys (through the Defense Counsel Commission) who are representing Department of Correction employees being sued by an inmate.
  5. Information shall be released to local and state health departments concerning reportable diseases, in accordance with Tennessee general statutes.

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6. Information shall be released to the warden, Director of Health Services, and Director of Mental Health Programs for the purpose of monitoring and evaluating the delivery of health services.
7. Pertinent information may be released to treating physicians via telephone or E-mail, in an emergency situation, but only after the legitimacy of the request has been verified. Any release of health information shall be noted in the health record.
8. Information may be released to a community hospital or treatment facility when the inmate is transferred to that facility for care. (See Policy #113.04.)
9. Information shall be released to wardens and parole officers, as necessary, to promote continuity of care.
10. Confidential information may be disclosed if the clinician determines that such disclosure is necessary to protect against a substantial risk of death, disease, or injury to self or others, or is a threat to the security of the institution and/or community.
11. Information shall be released to TDOC Internal Affairs investigator(s) conducting an authorized internal affairs investigation as established in Policy #107.02.
12. Information may be released to an inmate's conservator upon written request by the conservator.
13. Information shall be released to ACA auditors, TDOC inspectors, contract monitors, and authorized inmate advocacy groups. If there is uncertainty whether an advocacy group is authorized to review confidential information, contact the Central Office Legal Division.

F. Reproduction of Documents:

When information from the health record is reproduced for release as described in Section VI.(D) and (E) above, the receiving party may be charged as described in TDOC Policy #216.01. Privately managed facilities shall charge according to their corporate policies.

G. Inmate Access to Health Records:

1. Inmates have a limited right of access to their own health records. Inmates desiring to review their own health records shall make a written request to the health administrator, which shall include the purpose of the review and the specific information requested. Arrangements shall be made by the health administrator for the specific information to be reviewed in the presence of a physician, mid-level provider, licensed nurse, or medical records clerk. Reviews shall be allowed no more often than once every six (6) months, per Policy #512.01.

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2. If an inmate desires to have another individual present, including another inmate, during his/her review of their own health record, a completed CR-1885 shall be obtained prior to the review.
3. Prior to reviewing the health record with the inmate, the record shall be purged of all psychiatric/psychological materials, any materials received from outside sources, and any information which may jeopardize the safety of the inmate or the institution.
4. Psychiatric/psychological records shall not be reviewed with an inmate without consultation with the treating (or a knowledgeable) psychiatric/psychological professional. If this consultant believes that the content of the psychological records should not be released to the inmate, or that they should be released only in part or under special conditions due to the anticipated impact upon the inmate, the records, or any part thereof, may be withheld pending a court order to release the records.
5. Copies of the health record shall not be released directly to the inmate, except by court order. Exception to this release shall be made only when an inmate is personally involved in a law suit directly involving medical issues which would require the use of his/her medical records, as verified by the TDOC legal staff or Office of the Attorney General.

#### H. Facsimile Transmission of Health Care Records

1. Institutions may facsimile (fax) health record information. All the preceding items in this policy apply regarding confidentiality, release, and access to health record information.
2. Fax transmission should be used only when the need for information is so immediate that the mails cannot be used.
3. Authorizations (CR-1885) transmitted by fax are acceptable if completed and signed.
4. Institutional health care staff shall ensure that the confidentiality of faxed material is protected. Fax transmissions should be received in the clinic, or when that is not possible, health care staff should arrange to be at the fax machine when receiving a transmission.
5. A fax transmission cover letter, such as the example "Medical Records Facsimile Transmission" (attached) shall be used when transmitting health record information.

VII. ACA STANDARDS: 3-4095, 3-4096, 3-4376, 3-4377.

VIII. EXPIRATION DATE: September 15, 2003.

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(INSTITUTIONAL LETTERHEAD)  
(TELEPHONE NUMBER)  
(FACSIMILE NUMBER)

CONFIDENTIAL

HEALTH RECORDS FACSIMILE TRANSMISSION

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

NUMBER OF PAGES: \_\_\_\_\_

RECEIVING FACSIMILE NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

The following documents are to be kept confidential. This information has been disclosed to you from records whose confidentiality is protected by federal regulations 42 CFR Page 2 prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulation. These documents are intended only for the use of the requestor. Release of this information will be carried out in accordance with all applicable legal, accrediting, and regulatory agency requirement.

RECEIVED COVER PAGE: \_\_\_\_\_

REQUESTOR SIGNATURE

In order to release this information, the cover sheet must be read and signed by the requestor and faxed back to the sending institution. After it is received, the information will be faxed.



TENNESSEE DEPARTMENT OF CORRECTION

AUTHORIZATION FOR RELEASE OF HEALTH CARE/SUBSTANCE ABUSE TREATMENT INFORMATION

INSTITUTION \_\_\_\_\_

Inmate Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Inmate's Name) (Name of specific person, including title, or organization)

to release to \_\_\_\_\_

\_\_\_\_\_  
(Name of specific person, including title, or organization)

health care/substance abuse treatment records or information concerning my treatment for the following purpose:

I, the undersigned, authorize release of information covering services from \_\_\_\_\_ to \_\_\_\_\_

Specific Information Requested (*Check all that apply*):

_____ Physical Health Records (specify type): _____ _____	_____ Other (Specify type): _____ _____
_____ Psychiatric Records	_____ Psychological Records
_____ Mental Health Program Records	_____ Alcohol and Other Substance Abuse Records*
_____ Results of any testing/treatment for HIV-positive antibodies/acquired immune deficiency syndrome/sexually transmitted disease(s)	

I understand that there will be a reasonable fee charged for these copies according to Tennessee law.

**Expiration date:** This authorization expires six months from the date of signature below and covers information only prior to that date. I understand that I may withdraw this consent at any time. I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information released cannot be redisclosed by person(s), institution(s), named above unless I specifically authorize such a release in writing.

\*I also understand that any disclosure of records concerning diagnosis and/or treatment of alcohol and/or drug abuse is covered by Title 42 CFR, and if there is any such information, I **do** \_\_\_\_; I **do not** \_\_\_\_ authorize the release of information.

I hereby release the provider or facility releasing this information upon my authorization from any liability:

\_\_\_\_\_  
(Inmate or person legally authorized to consent for minor or for person unable to sign)



\_\_\_\_\_  
(Relationship to Inmate)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

**NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION:** This information has been disclosed to you from records for which confidentiality is protected (Title 42 CFR Part 2). Laws and regulations prohibit you from making further disclosure of it without the specific consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. (Title 42 CFR Part 2 pertains specifically to substance abuse treatment information.)

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	Distribution: A	
	Supersedes: N/A	
Approved by: 		
Subject: CONFIDENTIALITY/RELEASE OF HEALTH INFORMATION		

POLICY CHANGE NOTICE 02-14

INSTRUCTIONS:

Please discard page 7 of the current policy and replace with the attached page 7.

In Section VI.(D)(2), please change the reference of "Authorization to Release Health Information, CR-1885" to "Authorization for Release of Health Care/Substance Abuse Treatment Information, CR-1885."





TENNESSEE DEPARTMENT OF CORRECTION

AUTHORIZATION FOR RELEASE OF HEALTH CARE/SUBSTANCE ABUSE TREATMENT INFORMATION

INSTITUTION \_\_\_\_\_

Inmate Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Inmate's Name) (Name of specific person, including title, or organization)

to release to \_\_\_\_\_

\_\_\_\_\_  
(Name of specific person, including title, or organization)

health care/substance abuse treatment records or information concerning my treatment for the following purpose:

I, the undersigned, authorize release of information covering services from \_\_\_\_\_ to \_\_\_\_\_

Specific Information Requested (*Check all that apply*):

_____ Physical Health Records (specify type):	_____ Other (Specify type):
_____ _____	_____ _____
_____ _____	_____ _____
_____ Psychiatric Records	_____ Psychological Records
_____ Mental Health Program Records	_____ Alcohol and Other Substance Abuse Records*
_____ Results of any testing/treatment for HIV-positive antibodies/acquired immune deficiency syndrome/sexually transmitted disease(s)	

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I hereby release the provider or facility releasing this information upon my authorization from any liability:

\_\_\_\_\_  
(Inmate or person legally authorized to consent for minor or for person unable to sign)

\_\_\_\_\_  
(Relationship to Inmate)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

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